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## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

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TOTAL IND.	17	<b>.</b>	]		L	
TOTAL DEP.	57	-		<b>—</b>		<b>—</b>
TOTAL CLAIMS	64	1 (14)		<b>2</b> 77.		1 77
CLAIMS	بهطيا	100 miles	<b>*</b> [	A SIA SI		To the second second

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS